



Application form for EULiST funding

| Applicant Information | |
|--|------------------------|
| | Name: |
| | Institution/Institute: |
| | Phone Number: |
| | |
| | E-Mail: |
| | Secretary's email: |
| | |
| Project Title | |
| | |
| | |
| Assignment of the project to the Work Package/Task | |
| WOIR Fackage/ lask | |
| Which Work Package/Task does the | |
| application refer to? | |
| Project Summary | |
| Briefly describe the purpose of your | |
| project. | |
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| Objectives | |
| M/hat and a decrease the architecture | |
| What goals do you want to achieve with your project? | |
| | |
| What results are expected to be achieved? | |
| acmeved | |
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| | |
| Background & Context | |
| 8. 2 | |
| | |

Stand: 07.10.2024





| Explain why your project is relevant and how it contributes to the objectives of EULIST. - What benefits does the project have for EULIST? - What opportunities can arise from the project? | |
|---|---|
| Project Participants | |
| Which institutions/institutes/persons and EULiST partner universities are involved in the project? | |
| Timeline | |
| Duration of the project implementation | |
| Budget | |
| - What budget is needed for what purpose? | |
| I also take on the administrative | esponsibly participate in the project and contribute to it. management of the project. I of the measure must be conducted as part of the project closure. |
| Date | |
| | Signature of Applicant |
| | Signature of Applicant |

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